

CERTIFIED CREDIT & COLLECTION BUREAU

PO BOX 1750 WHITEHOUSE STATION, NJ 08889
CERTIFIEDCCB.COM | 888.750.9500 | FAX 908.707.8780

DATE: JAN 29 2018
RE: SEE CLIENT LIST BELOW
PATIENT: DELIA RODRIGUEZ
TOTAL BALANCE DUE: 29.88

DELIA RODRIGUEZ
REDACTED
REDACTED

|||||

The above account(s) have been placed with us for collection.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of the debt or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice, this office will obtain verification of the debt or obtain a copy of a judgement and mail you a copy of such verification or judgement. If you request this office in writing within 30 days after receiving this notice, this office will provide you with the name and address of the original creditor, if different from the current creditor.

This is an attempt to collect a debt by a debt collector and any information obtained will be used for that purpose.

Kindly remit payment with the bottom portion of this statement.

VERY TRULY YOURS,

WE ACCEPT
ALL MAJOR CREDIT CARDS

CERTIFIED CREDIT
& COLLECTION BUREAU

WESTERN UNION | QUICK COLLECT

SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE ENCLOSE THIS PORTION WITH YOUR PAYMENT

#292

DELIA RODRIGUEZ
REDACTED
REDACTED

CLIENT: SEE CLIENT LIST BELOW
DATE: JAN 29 2018
FILE # **REDACTED**
BALANCE DUE: 29.88
TOTAL BALANCE DUE: 29.88
CLIENT LIST:
REDACTED 29.88

CALL OUR 24 HOUR AUTOMATED CUSTOMER SERVICE 800-354-4744
VISIT OUR WEBSITE WWW.CERTIFIEDCCB.COM

EXHIBIT A

PAY YOUR ACCOUNT ONLINE ON OUR SECURE WEBSITE: www.certifiedccb.com

OR CALL OUR 24 HOUR AUTOMATED CUSTOMER SERVICE **800-354-4744**

PLEASE BE ADVISED THAT THE CREDITOR MAY OFFER FINANCIAL ASSISTANCE FOR ELIGIBLE PERSONS. IF YOU HAVE ANY QUESTIONS ABOUT HOW TO APPLY PLEASE CONTACT US TOLL FREE 888-750-9500.

NEW YORK CITY DEPARTMENT OF CONSUMER AFFAIRS LICENSE NUMBER: 1251239

Debt collectors, in accordance with the Fair Debt Collection Practices Act, 15 U.S.C.

§ 1692 et seq., are prohibited from engaging in abusive, deceptive, and misleading debt collection efforts, including but not limited to:

(i) the use or threat of violence; (ii) the use of obscene or profane language; and (iii) repeated phone calls made with the intent to annoy, abuse, or harass.

"If a creditor or debt collector receives a money judgment against you in court, state and federal laws may prevent the following types of income from being taken to pay the debt: 1. Supplemental security income, (SSI); 2. Social security; 3. Public assistance (welfare); 4. Spousal support, maintenance (alimony) or child support; 5. Unemployment benefits; 6. Disability benefits; 7. Workers' compensation benefits; 8. Public or private pensions; 9. Veterans' benefits; 10. Federal student loans, federal student grants, and federal work study funds; and 11. Ninety percent of your wages or salary earned in the last sixty days.

CERTIFIED CREDIT & COLLECTION BUREAU IS A WESTERN UNION QUICK COLLECT® SUBSCRIBER
YOU CAN TRANSMIT FUNDS FROM ANY WESTERN UNION LOCATION. HAVE WESTERN UNION AGENT SEND
PAYMENT TO US AT OUR CODE CITY: CERTIFIED, NJ

PLEASE CALL OUR 24 HOUR AUTOMATED CUSTOMER SERVICE **800-354-4744** TO CHECK ACCOUNT STATUS, MAKE A PAYMENT USING CREDIT CARD OR CHECK BY PHONE, TO UPDATE YOUR CURRENT ADDRESS, INSURANCE INFORMATION OR ANY OTHER INFORMATION OR COMPLETE BELOW IF APPLICABLE. YOU CAN ALSO VISIT OUR WEBSITE www.certifiedccb.com

BY PROVIDING YOUR CELL PHONE NUMBER AND SIGNING THIS FORM, YOU EXPRESSLY CONSENT TO ACCEPT FROM US, OUR AFFILIATES OR ANY THIRD PARTY ACTING ON OUR BEHALF. 1) TELEPHONE CALLS BY AN AUTOMATED DIALING SYSTEM OR TEXT MESSAGES FOR COLLECTION PURPOSES OR FOR OTHER ACCOUNT RELATED PURPOSES, 2) CALLS OR TEXT MESSAGES TO YOUR CELLULAR PHONE NUMBER MADE OR TRANSMITTED USING ANY AUTOMATIC TELEPHONE DIALING SYSTEM AND/OR CONTAINING PREREcorded MESSAGES. YOU AGREE YOU WILL BE RESPONSIBLE FOR ANY FEES OR CHARGES YOU INcur AS A RESULT OF INCOMING CALLS OR TEXT MESSAGES FROM US, FROM OUR AFFILIATES OR FROM ANY THIRD PARTY ACTING ON BEHALF OF US OR OUR AFFILIATES.

CELL PHONE # _____ OR HOME# _____ / WORK# _____

NAME _____ SIGNATURE & DATE: _____

ADDRESS _____ CITY / STATE _____ ZIP _____

INSURANCE COMPANY NAME _____ POLICY NUMBER _____

ADDRESS _____ CITY / STATE _____ ZIP _____

JOB RELATED INJURY? Y / N AUTO ACCIDENT? Y / N Date of Accident _____ CLAIM NUMBER _____

CREDIT CARDNUMBER _____ EIP _____ CODE _____

SIGNATURE _____ A MOUN TO CHARGE _____

EXHIBIT A